



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/655,743	FILING DATE 09/06/2000 RULE -	CLASS 473	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. MPH.99-46
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APPLICANTS

Alice H. Howe, La Crescent, MN ;

** CONTINUING DATA

** FOREIGN APPLICATIONS

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 10/20/2000

Foreign Priority claimed yes no
 35 USC 119 (a-d) conditions yes no Met after
 met Allowance

Verified and
Acknowledged

Examiner's Signature Initials

** SMALL ENTITY **

STATE OR COUNTRY MN	SHEETS DRAWING 6	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
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ADDRESS

M Paul Hendrickson
403 Main Street
P O Box 508
Holmen, WI 54636-0508

TITLE

Tennis racquet equipped with a tennis ball retriever

FILING FEE
RECEIVED
345

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

- All Fees
- 1.16 Fees (Filing)
- 1.17 Fees (Processing Ext. of time)
- 1.18 Fees (Issue)
- Other _____
- Credit

10/20/00



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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 9068

SERIAL NUMBER 09/655,743	FILING DATE 09/06/2000	CLASS 473	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. MPH 99-46
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APPLICANTS

Alice H. Howe, La Crescent, MN;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/20/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	MN	DRAWING 6	15	2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

M Paul Hendrickson
403 Main Street
P O Box 508
Holmen , WI
54636-0508

TITLE

Tennis racquet equipped with a tennis ball retriever

FILING FEE FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: RECEIVED 345	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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